|  |                                      |   |                                  |                                      |                         |                                  |       |                     | Application or Docket Number |      |                     |                        |  |
|--|--------------------------------------|---|----------------------------------|--------------------------------------|-------------------------|----------------------------------|-------|---------------------|------------------------------|------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2000   |                                      |   |                                  |                                      |                         |                                  |       | PD 09/126000        |                              |      |                     |                        |  |
|  | CLAIMS AS FILED - PART I             |   |                                  |                                      |                         |                                  |       | SMALL               | ENTITY                       |      | OTHE                | R THAN                 |  |
| (Column 1)   |                                      |   |                                  |                                      |                         | (Calumn 2) TYPE                  |       |                     |                              | OR   |                     | ENTITY                 |  |
| Ι  |                                      |   | 35                               |                                      |                         |                                  |       | RATE                | FEE                          |      | RATE                | FEE                    |  |
| F  | OR                                   |   | NUMBE                            | RFILED                               | NUM                     | ABER EXTRA BAS                   |       |                     | 355.0                        | OR   | BASIC FE            | 710.00                 |  |
| Ľ  | DTAL CHARGE                          | ABLE CLAIMS   | 35 m                             | inus 20=                             | 15                      | 5                                |       | X\$ 9=              |                              | OR   | X\$18=              | 220                    |  |
| ₩—   | DEPENDENT (                          |   | 1 0                              |                                      |                         |                                  |       | X40=                |                              | OR   | X80=                | 700                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                                      |   |                                  |                                      |                         |                                  |       | +135=               | 1                            | _    |                     | 1                      |  |
| ٠,   | f the differenc                      |   |                                  |                                      | OR                      | <u> </u>                         | 1/20  |                     |                              |      |                     |                        |  |
|  | (                                    |   | TOTAL                            | <u> </u>                             | OR                      |                                  | 1380- |                     |                              |      |                     |                        |  |
| CLAIMS AS AMENDED - PART II  (Cotumn 1) 6-7-04 (Column 2) (Column 3)   |                                      |   |                                  |                                      |                         |                                  |       | SMALL               | ENTITY                       | OR   | SMALL               | THAN<br>ENTITY         |  |
| ENT A  |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                 | *                                | HIGH<br>NUMI<br>PREVIO               | BER<br>DUSLY            | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total                                | . 35  | Minus                            | . 3                                  | 5                       |                                  |       | X\$ 9=              |                              | OR   | X\$18=              |                        |  |
| AME  | Independent<br>FIRST PRESI           | ENTATION OF M   | Minus<br>ULTIPLE DE              | PENDENT                              | CLAIM                   |                                  |       | X40=                |                              | OR   | X80=                |                        |  |
|  |                                      |   |                                  |                                      |                         |                                  |       | #135 <del>=</del> " |                              | ОЯ   | +270=               | · <u></u>              |  |
|  |                                      |   |                                  |                                      |                         |                                  |       | TOTAL               |                              | OR   | TOTAL<br>ADDIT. FEE |                        |  |
| _  |                                      | (Column 1)  | 7-11-03                          | (Column 3)                           |                         |                                  |       |                     |                              |      |                     |                        |  |
| 0  |                                      | CLAIMS<br>REMAINING                                       | ***                              | HIGHE                                |                         | PRESENT                          | ľ     |                     | ADDI-                        |      |                     | ADDI-                  |  |
| AMENDMENT  | 224                                  | AFTER<br>AMENDMENT  | A V                              | PREVIO<br>PAID F                     |                         | EXTRA                            |       | RATE                | TIONAL<br>FEE                |      | RATE                | TIONAL<br>FEE          |  |
| END  | Total                                | . 29  | Minus                            |                                      | 5_                      |                                  |       | X\$ 9=              |                              | OR   | X\$18=              |                        |  |
| AR   | Independent<br>FIRST PRESE           | pendent 6 Minus 8 T PRESENTATION OF MULTIPLE DEPENDENT CL |                                  | 2                                    |                         |                                  | X40=  |                     | OR                           | X80= |                     |                        |  |
| +135= OR +270=   |                                      |   |                                  |                                      |                         |                                  |       |                     |                              |      |                     |                        |  |
| TOTAL OR TOTAL ADDIT. FEE ADDIT. FEE   |                                      |   |                                  |                                      |                         |                                  |       |                     |                              |      |                     |                        |  |
|  |                                      | (Column 1)  |                                  | (Colum                               | n 2)                    | (Column 3)                       |       |                     |                              |      |                     |                        |  |
| AMENDIMENT C   | •                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                 |                                  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY              | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE       |      | RATE                | ADDI-<br>TIONAL        |  |
|  | Total                                | •   | Minus                            | ••                                   |                         | =                                |       | K\$ 9=              | ree                          |      | X\$18=              | FEE                    |  |
| <b>S</b> [   | Independent                          | •   | Minus                            | ***                                  |                         | - 1                              |       |                     |                              | OR   |                     |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40= OR X80=  |                                      |   |                                  |                                      |                         |                                  |       |                     |                              |      |                     |                        |  |
| +135= OR +270=   |                                      |   |                                  |                                      |                         |                                  |       |                     |                              |      |                     |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE |                                      |   |                                  |                                      |                         |                                  |       |                     |                              |      |                     |                        |  |
| TI   | one ⊤πghest Numl<br>ne "Highest Numl | nber Previously Pa<br>ber Previously Paid                 | ice For IN THIS<br>For (Total or | SPACE is l<br>Independent            | ess than<br>I) is the h | 3, enter "3."<br>ighest number ( |       |                     | ropriate box                 |      |                     |                        |  |
|  |                                      |   |                                  |                                      |                         |                                  |       |                     |                              |      |                     |                        |  |

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